

Name: Last

CITY OF BOSTON EMPLOYMENT APPLICATION



An Equal Opportunity / Affirmative Action Employer

In compliance with Federal and State Equal Employment Laws, Equal opportunity will be afforded to all applicants regardless of race, color, sex, age, religious creed, disability, national origin, ancestry, sexual orientation, marital status, ex-offender status, prior psychiatric treatment or military status. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Please note that as a condition of employment you must be a resident of the City of Boston on the day of employment and remain a resident for the duration of your employment with the City.

PERSONAL DATA

Middle Initial

PLEASE PRINT AND COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION, PLEASE ATTACH A RESUME, IF AVAILABLE.

First

Date of Application:	Posting	Posting #:		Position Title:							
Address: Street	ddress: Street City					State Zip Code					
Home Phone: (Area Code	Work Phone:	Work Phone: (Area Code & Number)									
How were you referred to the City?											
Have you any relatives working for the City of Boston or County of Suffolk? Yes No											
Have you ever worked for the City of Boston or County of Suffolk? Yes No											
Are you legally authorized to work in the U.S.? Yes No Veteran of U.S. Armed Forces? Yes No											
What was your attendance record at your prior place of employment?											
EDUCATION											
School	Name & Address	of School	Course of Study					Diploma or Degree			
High School or Equivalent				1	2	3	4	yes no			
College or University				1	2	3	4	yes no			
Graduate School				1	2	3	4	yes no			
Other				1	2	3	4	yes no			
Additional training or skills (languages, computer skills, special licenses, certifications, etc.):											
Professional Affiliations:											
211D 0 27 06											

OHR 9-25-06

EMPLOYMENT HISTORY

Please list your most recent position first and account for all periods of time. You may include volunteer, internship or military experience.

Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary
Number & Street			Reason For Leaving	Supervisor	
City & State & Zip Code			Title/Duties Performed		
Area Code &Phone Number	d i del transcrio de la companya de				
May we contact this employer?	Yes	No			
Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary
Number & Street			Keason For Leaving	Supervisor	
City & State & Zip Code			Title/Duties Performed		
Area Code &Phone Number					
May we contact this employer?	? Yes	No			
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Number & Street			Reason For Leaving	Supervisor	
City & State & Zip Code			Title/Duties Performed		
Area Code &Phone Number					
May we contact this employer?	? Yes	No	4		
Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary
Number & Street			Reason For Leaving	Supervisor	
City & State & Zip Code			Title/Duties Performed		
Area Code &Phone Number			_		
May we contact this employer	? Yes	No			
For the purpose of facilitating date of change: Former Name				rds under any other name? If ye Date of Change	s, please indicate other name and the
				representation and/ or withholiscovered after employment b	
Applicar	nt's Signature	······································			Date